2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 09, 2005 08:00 AM **DOCUMENT #849085 Secretary of State** 1. Entity Name MECHANICAL PIPING CONTRACTORS, INC. Principal Place of Business _ Mailing Address P O BOX 5443 3750 HALLS MILL ROAD MOBILE, AL 36605 MOBILE, AL 36693 US 01192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 63-0698050 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NIXON, TARY L. DO NOT WRITE 224 E. INTENDENCIA ST. PENSACOLA, FL 32501 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE GREENE, CHARLES M NAME STREET AUDRESS 3750 HALLS MILL RD. CITY-ST-ZP MOBILE, AL 36693 TITLE 03/09/05-80006-001 150.00 GREENE, CHARLES M STREET ADDRESS 3750 HALLS MILL ROAD CITY-ST-ZIP MOBILE, AL 36693 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this liting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empoyeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

ED NAME OF SIGNING OFFICER OR DIRECTOR